## **GREENFIELD AMPHITHEATER**

## **APPLICATION FOR USE**

Applicant's Name				
Address				
			_Email	
<b>Event Description</b>				
Date(s) of Event				
Hours of Event				
<b>Concessions Reque</b>	st (Circle one.)	yes	no	
Alcohol Sales Requ	est (Circle one.)	yes	no	
Proposed Admissio	on Charge			
Insurance Arrange	ments (Please list inst	urer)		
			ction equipment that will used and	
	•			

We reserve the right to request financial statements and references.



Please submit request a minimum of one month prior to the event date

by fax to 910-341-7854 or mail to:

City of Wilmington, Parks, Recreation & Downtown Services Division,

Attn: Amy Beatty

302 Willard Street, Wilmington, NC 28401

Questions? Please call 341-3237

NO RESERVATIONS WILL BE OFFICIAL UNTIL A CONTRACT HAS BEEN SIGNED BY BOTH PARTIES.